

FROM : FRZ ZENHAUSERNpha MDS, SA

PHONE NO. : 908 904 0503

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REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/407,581
	Filing Date	September 28, 1999
	First Named Inventor	Frederic Zenhausern
	Art Unit	2857
	Examiner Name	
	Attorney Docket Number	4467-103US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

Firm or Individual Name: Patrick H. Higgins

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name: Frederic Zenhausern

Signature: *Frederic Zenhausern*

Date: 10-17-04 Telephone: 480-727-8187

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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FROM : FRZ ZENHAUSERNpha MOS,SA

PHONE NO. : 908 904 8523

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/407,581
Filing Date	September 28, 1999
First Named Inventor	Frederic Zenhausern
Title	Apparatus and Method for Monitoring...
Art Unit	2857
Examiner Name	
Attorney Docket Number	4467-103US

I hereby appoint:

Practitioners associated with the Customer Number:

Practitioner(s) named below:

Name	Registration Number
Patrick H. Higgins	39,709

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patrick H. Higgins				
Address	997 Lenox Drive, Building 3				
Address					
City	Lawrenceville	State	NJ	Zip	08648
Country					
Telephone	609-896-7654	Fax	609-896-1469		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>F. Zenhausern</i>	Date	10-17-04
Name	Frederic Zenhausern	Telephone	480-727-8187
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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